



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E362850**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-02479
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	10 - 05 - 2014	TIME (2400)	2000	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
-------------------	-------------------------------------	-------------	-------------	----------	-----------	-------	---	----	-------------------------------------	--------	-------------

ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☐ NON-INTERSECTION ☒

S. LAKE STEVENS ROAD BLOCK NO. ☒ **10500**

MILE POST ☐

DISTANCE **100** **00** MILES ☐ N ☐ E ☒ **N. DAVIES ROAD**

FEET ☒ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **UNKNOWN** FIRST NAME **UNKNOWN** MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE **FB** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253344725**

LAST NAME **ANDERSON** FIRST NAME **PETER** MIDDLE INITIAL **F**

STREET NEW ADDRESS **713 115TH AVENUE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ANDERPF479BE** STATE **WA** SEX **M** D.O.B. **01** - **05** - **1953**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AED7554** STATE **WA** VIN# **1GNEK13Z62R272171**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2002** MAKE **CHEV** MODEL **TAHOE** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **ALLSTATE 976465853** CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E362850**

CASE # **14-02479**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 10/06/2014 at 1357 hours, I was dispatched to contact Peter Anderson at his residence reference a hit and run that occurred the previous evening. Anderson said that he was Eastbound on S. Lake Stevens Road in the 10500 blk which is a sweeping corner in the roadway. Anderson said that he observed a 1 ton flatbed truck coming the opposite direction. The flatbed cross the centerline causing Anderson to have to swerve partially off the roadway. Anderson said that the two vehicles collided exterior mirrors. Anderson said that he contacted his insurance company who stated that a police report needed to be completed before his claim could be opened. Accident scene not observed and report for information purposes.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-07-14 07:24 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

10/8/2014 12:31:04 AM

BADGE OR ID # **130**

ORI #

WA0311900

TIME POLICE DISPATCHED

1:57 PM

TIME POLICE ARRIVED

1:57 PM

Collision reported away from scene. Scene not observed.

Incident History for: #SS14019669

Case Numbers: \$SS14002479

Received	10/06/14	13:52:25	BY SPCT08 SP0181
Entered	10/06/14	13:54:12	BY SPCT08 SP0181
Dispatched	10/06/14	13:57:11	BY SPDP17 SP0377
Enroute	10/06/14	13:57:11	
Onscene	10/06/14	13:57:11	
Closed	10/06/14	14:33:26	

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1419 Map Page: 397G-3 Group: SS1 Beat: SOUT

Src: 9

Loc: 10500 S LAKE STEVENS RD , LKS btwn 18 ST SE & 113 AV SE (V)

Loc Info:

Name: ANDERSON PETER F

Addr:

Phone: 4253344725

/1354 (SP0181) ENTRY , CCPH, HIT AND RUN TO RPS VEH, POSS SUS INFO OCC
LAST NIGHT

/1354 (SP0377) VIEWED

/1357 DISPOS 19R1

[PH]

#SS130 RUTHERFORD, OFCR (RICH)

/1409 (SS130) *MISC 19R1

, 713 115TH AVENUE SE

/1431 (SP0377) ASNCAS 19R1

\$SS14002479

/1433 (SS130) *CLEAR 19R1

D/H

/1433 CLOSE 19R1

E/B

g:uo